SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the **Detailed Summary Page**

FOR LINE NUMBER:						PAGE	: 3	32	OF		56
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AXA Equitable Life Insurance Company Political Action Committee (AXA Equitable PAC) Full Name (Last, First, Middle Initial) AMY MCNAMARA Date of Receipt Mailing Address 100 MADISON STREET 30 2013 City Zip Code State Transaction ID: PR2171072631742 NY Syracuse 13202-2723 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation SOLUTIONS DELIVERY MGR - IT AXA Financial, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$30.00 Bi-Weekly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** MICHEL PERRIN Date of Receipt Mailing Address 1290 Avenue of the Americas 30 11 2013 City State Zip Code Transaction ID: PR2176757631742 NY New York 10104-0101 Amount of Each Receipt this Period FEC ID number of contributing 105.00 federal political committee. Name of Employer Occupation AXA Financial, Inc. **SVP & ACTUARY** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$105.00 Bi-Weekly) 840.00 Other (specify) Full Name (Last, First, Middle Initial) c. PETER GOLDEN Date of Receipt Mailing Address 1290 Avenue of the Americas 30 2013 City Zip Code State Transaction ID: PR2176757731742 NY New York 10104-0101 Amount of Each Receipt this Period FEC ID number of contributing 495.00 С federal political committee. Name of Employer Occupation Divisional VP - ADL AXA Distributors, LLC Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$495.00 Bi-Weekly) 3960.00 Other (specify) 630.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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